



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
COMMUNITY WORK PROGRAM SCREENING FORM
OFFENDER INFORMATION**

Date: _____ Offender Name: _____ DOC ID #: _____

Housing Unit: _____ Custody Level: _____

Cause Number(s): _____ County: _____

Crime(s): _____

Sentence: _____

Parole Eligibility Date: _____ Discharge Date: _____

***If offender is serving a sentence for a sex offense, provide a detailed program status report from an authorized therapist and attach this to screening form.

INSTITUTIONAL SCREENING/PRELIMINARY REVIEW

Recommend continuation of screening procedure: *If not, return to unit manager/supervisor with written explanation (e.g., updated psych. eval. needed).*

☐ Yes ☐ No

Preliminary Review Date: _____ / _____

Institutional Screening Committee Signature

Comments: _____

NOTIFICATION AND SOLICITATION

All responses will be attached to this form when submitting for final review.

Notification/Solicitation of Judge(s)

Date: _____

Recommend community work program:

☐ Yes ☐ No

(If no, explain): _____

Notification/Solicitation of County Attorney

Date: _____

Recommend community work program:

☐ Yes ☐ No

(If no, explain): _____

VICTIM NOTIFICATION

Notification of Victims

Date: _____

Recommend community work program:

☐ Yes ☐ No

Facility Victim Information Officer (or designee) Signature _____

(If no, explain): _____

FINAL REVIEW

☐ Approved

☐ Disapproved

Date: _____

Institutional Screening Committee Signature

Local Screening Committee Signature

Stipulations _____

***The offender's management team is responsible for the Law Enforcement Notification if approved.
This report must be completed for each offender who is being considered for a community work program assignment.***

DOC 5.1.3 (Attachment) Offender Community Work Program – Revised 03/28/11